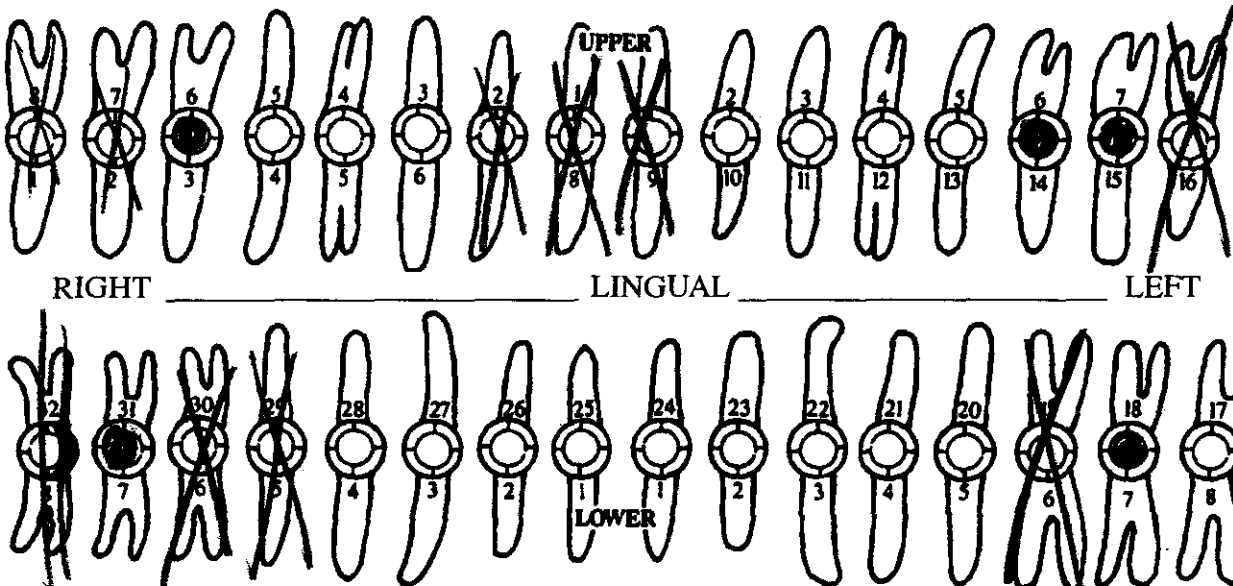


DENTAL INMATE REGISTRATION AND HISTORY CARD

	NO	YES
1. Have you ever had severe bleeding or other complication following extraction of teeth?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has a physician ever said you had heart trouble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you allergic or sensitive to any drugs or penicillin?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had high or low blood pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had fainting spells?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had diabetes or sugar in your urine?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had rheumatic fever?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had "Yellow Jaundice" or Hepatitis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Have you been under care of a physician recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do you take any medicine daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Do your gums bleed when you brush your teeth?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Do you have Tuberculosis (T.B.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you ever had Tuberculosis (T.B.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Are you HIV or AIDS positive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Are you a member of a high risk group:		
(A) Present or past user of I.V. drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B) Hemophiliac	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(C) Received Blood Transfusions	<input checked="" type="checkbox"/>	<input type="checkbox"/>



DATE			DESCRIPTION OF WORK	
MO.	DAY	YR.		
8	3	05	SCRN	LDV= 10K OCS All teeth mobile
8	3	05		X-ray reveal extensive advanced periodontal disease @ 50-60% bone loss.
9	14	05		(SC) Pt. presents w/ advanced gum disease. Pt doesn't want to lose teeth yet. Scheduled for ext. #18 and told him I could try to clean them to see if he can maintain them for a few more years. N/C
				N.V. ext. #18 N.V. cav.
9	19	05		Med. Hx. reviewed. 3 corp. 2% lidocaine @ 1-100,000epi.

7702 Rev 04/04

02/04/04

Name Itali, James DOB 8-8-10 AGE 25 RACE A+H SEX M

MDOC NO. _____ UNIT NO. _____ DENTAL CLASSIFICATION _____

PAGE 02/04

MEDICAL

Ident Name (Last, F, M, MI):

Invoice #

Race:

Sex:

Birth Date:

The image displays two dental arch diagrams, likely for a patient named 'J. J. J.' as indicated by the text above. The top diagram shows the upper arch with teeth numbered 1 through 16. Teeth 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16 are shown. Teeth 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16 are marked with an 'X' for extraction. The bottom diagram shows the lower arch with teeth numbered 1 through 17. Teeth 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17 are shown. Teeth 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17 are marked with an 'X' for extraction.

Panograph:

() F/

() F

() PA

() P

Dentist:

Alfred Brown

Date: _____

8-29-03 JDE

Remarks: Heavy stains on all teeth

[illegible]

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL **DENTAL** MENTAL HEALTH

James Hall

Name (Print)

08-08-1920

Date of Birth

167581

SBI Number

Housing Location

4-31-04

Date Submitted

Complaint (What type of problem are you having)? Previously I've submitted A Sickcall
Requesting Extraction of the tooth bottom right that I paid for But was
Boiled out before the procedure was completed paid for on 9/4/03
The tooth need to be removed A.S.A.P

James Hall

Inmate Signature

4-31-04

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

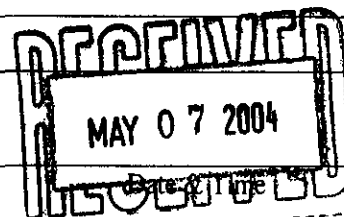
WT: _____

A:

P:

E:

Provider Signature & Title



DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

James Hall

Name (Print)

08-08-1970

Date of Birth

00167581

SBI Number

Bldg 23 MHU

Housing Location

3-25-04

Date Submitted

Complaint (What type of problem are you having)? *This is in regards to my extraction*
B) Right From The Transation on 9-4-03 I was billed for a
x-ray and an extraction I was billed out and didn't receive the extraction
that I previously paid for and same tooth remains I wish it to be removed

James Hall

Inmate Signature

3-25-04

Date

The below area is for medical use only. Please do not write any further.

S: 5/28/04: Pt. needs ext. Put on list. *(No chart today)* Kionke

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: 6/1/04:

P:

E:

Seen in
dental

5/28/04

Provider Signature & Title

Date & Time

INTERDISCIPLINARY PROGRESS NOTES

NAME-Last Hall	First James	Middle	Attending Physician	Record No. 167581	Room/Bed
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INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCHARGE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
5/28/04	1230		<p>S - My tooth hurts.</p> <p>D - lower right tooth i cavity noted. A - All in comfort. P - Dr. Kionke notified & orders rec'd.</p> <p><u>Shower</u></p>
<p>NAME - Last First Middle Attending Physician Record No. Room/Bed</p> <p>Hall, James Kionke 167581</p>			

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
-----------	-------	--------	---------------------	------------	----------

DATE T

NAME-Last Hall	First James	Middle	Attending Physician	Record No. 167581	Room/Bed
--------------------------	-----------------------	--------	---------------------	-----------------------------	----------

PHYSICIAN'S ORDER SHEET

START

6/7/04

Ibuprofen 200mg x 8 tabs
 (3-4 tabs po q4h prn pain)

given
 CK
 6/7/04

PROVIDER'S SIGNATURE



DATE/TIME

6/7/04

START NEW ORDERS BELOW

START

10/11/04

Ibuprofen 200mg x 8 tabs
 (2-3 tabs po q4-6h prn pain)

given
 CK
 10/11/04

START

PROVIDER'S SIGNATURE

DATE/TIME

NAME Hall, James
 ALLERGIES _____

ID 167581

DOB _____

PHYSICIAN'S ORDERS